



Elk Application

The Little Traverse Bay Bands of Odawa Indians Elk Application

Name: _____
Last First Middle

Address: _____
Street
City State Zip

License #: _____ Date of Birth _____ Tribal Enrollment # _____

Phone #: _____ Alternate Ph. # _____

Cell Ph. # _____ Work Ph. # _____

Email: _____

☐ Male ☐ Female

Please select the type of permit you are interested in by checking applicable box

☐ Either Sex ☐ Antlerless

Please select the hunting season that you would like to hunt by checking applicable box

☐ Early Elk Season (Sept. 1 – 4 and Sept 11 - 15)

☐ New Elk Season (Oct. 13 - 21)

☐ Winter Elk Season (Dec. 8 – 15)

☐ January Late Season (dates to be announced)
(January Season only if determined at later date.)

Please indicate the top (3) **three** management units you are interested in by checking applicable box. See Attached map for areas

- ☐ Management Unit A
☐ Management Unit B
☐ Management Unit C
☐ Management Unit D
☐ Management Unit E

I certify that the above information is true and I have read and received a copy of the LTBB Elk Permit Policy.

Signature

Date

DO NOT WRITE BELOW THIS LINE (For LTBB Office Use only)

Received by _____
Amount Received _____
Method of Payment _____
Date _____

Selected Date: _____
Season: _____
Sex Tag: _____
Unit: _____
Accepted Tag: ☐ Date: _____
Declined Tag: ☐ Date: _____
State Tag #: _____

